

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 107031675		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1										
2	1										
3	2										
4	10										
5	10										
6	10										
7	10										
8	10										
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TOTAL IND.	2										
TOTAL DEP.	18										
TOTAL CLAIMS	20										
51											
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100											
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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